

FY 16 Monthly Health Benefit Rates

Effective 7/1/2015

Source: Joint Administrative Services

A. Plan Rates

	<u>Cost</u>	<u>Employer</u>	<u>Employee</u>
<u>KA 250 Plan Option</u>			
<i>Regular Full Time</i>			
Single	645.00	543.93	101.07
Dual	1,193.00	593.40	599.60
Family	1,742.00	866.09	875.91
<i>Transportation, Food Service & Other</i>			
Single	645.00	458.96	186.04
Dual	1,193.00	500.70	692.30
Family	1,742.00	730.79	1,011.21
<u>KA 500 Plan Option</u>			
<i>Regular Full Time</i>			
Single	592.00	543.93	48.07
Dual	1,095.00	593.40	501.60
Family	1,598.00	866.09	731.91
<i>Transportation, Food Service & Other</i>			
Single	592.00	458.96	133.04
Dual	1,095.00	500.70	594.30
Family	1,598.00	730.79	867.21
<u>TLC High Deductible</u>			
<i>Regular Full Time</i>			
Single	467.00	467.00	.00
Dual	864.00	531.01	332.99
Family	1,261.00	773.91	487.09
<i>Transportation, Food Service & Other</i>			
Single	467.00	394.05	72.95
Dual	864.00	448.06	415.94
Family	1,261.00	653.01	607.99

B. Account ContributionsRegular Full Time

TLC Health Savings Account Contribution (single)	76.93
TLC Health Savings Account Contribution (dual)	62.39
TLC Health Savings Account Contribution (family)	92.18

Transportation, Food Service & Other

TLC Health Savings Account Contribution (single)	64.91
TLC Health Savings Account Contribution (dual)	52.64
TLC Health Savings Account Contribution (family)	77.78

Note: Where two employees are married, and they together opt for either a dual or family option, the employer will pay two times the single employer contribution for the plan option selected.